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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP04/51528 07/16/2004 *MW*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 103 35 151.5 07/31/2003 *MW*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/30/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
GERMANY	2	12	2

## ADDRESS

24131

## TITLE

Method and system for the validating fault symptoms

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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